

AMENDED IN ASSEMBLY APRIL 20, 2015

AMENDED IN ASSEMBLY APRIL 6, 2015

AMENDED IN ASSEMBLY MARCH 9, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 59

Introduced by Assembly Member Waldron
(Coauthor: Assembly Member Olsen)
(Coauthors: Senators Hall and Huff)

December 9, 2014

An act to amend Sections 5346, 5347, 5348, 5349, 5349.1, and 5349.5 of, and to add Section 5349.3 to, the Welfare and Institutions Code, relating to mental health services.

LEGISLATIVE COUNSEL'S DIGEST

AB 59, as amended, Waldron. Mental health services: assisted outpatient treatment.

Existing law, the Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law, until January 1, 2017, grants each county the authority to offer certain assisted outpatient treatment services for their residents by adoption of a resolution or through the county budget process and by making a finding that no mental health program, as specified, may be reduced as a result of implementation. ~~In counties in which these assisted outpatient treatment services are available, a court may order a person to receive assisted outpatient treatment for an initial treatment period not to exceed 6 months pursuant to an order if requisite criteria are met.~~ Under that law, participating counties are required to provide prescribed assisted outpatient services, including a service planning and delivery process, that are client-directed and

employ psychosocial rehabilitation and recovery principles. Existing law authorizes participating counties to pay for the services provided from moneys distributed to the counties from various continuously appropriated funds, including the Local Revenue Fund and the Mental Health Services Fund when included in a county plan, as specified.

This bill would delete the January 1, 2017, repeal date of those provisions, thereby extending the program indefinitely, and would also delete the finding requirement described above. ~~The bill would also authorize the court to order a person to obtain assisted outpatient treatment for an initial period not to exceed 12 months if requisite criteria are met.~~

Existing law, the Lanterman-Petris-Short Act, authorizes the involuntary detention for a period of 72 hours for evaluation of persons who are dangerous to self or others, or gravely disabled, as defined. Existing law provides that if a person is detained for 72 hours or is under court order for evaluation and has received an evaluation, he or she may be certified for not more than 14 days of intensive treatment related to the mental disorder or impairment by chronic alcoholism if certain conditions are met, as specified. Under existing law, a person may be certified for intensive treatment for an additional period of time if he or she remains gravely disabled or unwilling or unable to accept voluntary treatment or if he or she is suicidal, as specified, or may be confined for postcertification treatment for up to 180 days if he or she has, among other things, attempted or inflicted physical harm upon another person, as specified.

This bill would, upon the release of a person from intensive treatment or postcertification treatment described above, authorize the professional staff of the agency or facility that provided the treatment to evaluate whether the person meets the criteria for assisted outpatient treatment. The bill would authorize the professional staff to request the county mental health director to file a petition in the superior court for assisted outpatient treatment if that person meets that criteria.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 5346 of the Welfare and Institutions Code
- 2 is amended to read:

1 5346. (a) In any county in which services are available as
2 provided in Section 5348, a court may order a person who is the
3 subject of a petition filed pursuant to this section to obtain assisted
4 outpatient treatment if the court finds, by clear and convincing
5 evidence, that the facts stated in the verified petition filed in
6 accordance with this section are true and establish that all of the
7 requisite criteria set forth in this section are met, including, but
8 not limited to, each of the following:

9 (1) The person is 18 years of age or older.

10 (2) The person is suffering from a mental illness as defined in
11 paragraphs (2) and (3) of subdivision (b) of Section 5600.3.

12 (3) There has been a clinical determination that the person is
13 unlikely to survive safely in the community without supervision.

14 (4) The person has a history of lack of compliance with
15 treatment for his or her mental illness, in that at least one of the
16 following is true:

17 (A) The person's mental illness has, at least twice within the
18 last 36 months, been a substantial factor in necessitating
19 hospitalization, or receipt of services in a forensic or other mental
20 health unit of a state correctional facility or local correctional
21 facility, not including any period during which the person was
22 hospitalized or incarcerated immediately preceding the filing of
23 the petition.

24 (B) The person's mental illness has resulted in one or more acts
25 of serious and violent behavior toward himself or herself or
26 another, or threats, or attempts to cause serious physical harm to
27 himself or herself or another within the last 48 months, not
28 including any period in which the person was hospitalized or
29 incarcerated immediately preceding the filing of the petition.

30 (5) The person has been offered an opportunity to participate
31 in a treatment plan by the director of the local mental health
32 department, or his or her designee, provided the treatment plan
33 includes all of the services described in Section 5348, and the
34 person continues to fail to engage in treatment.

35 (6) The person's condition is substantially deteriorating.

36 (7) Participation in the assisted outpatient treatment program
37 would be the least restrictive placement necessary to ensure the
38 person's recovery and stability.

39 (8) In view of the person's treatment history and current
40 behavior, the person is in need of assisted outpatient treatment in

1 order to prevent a relapse or deterioration that would be likely to
2 result in grave disability or serious harm to himself or herself, or
3 to others, as defined in Section 5150.

4 (9) It is likely that the person will benefit from assisted
5 outpatient treatment.

6 (b) (1) A petition for an order authorizing assisted outpatient
7 treatment may be filed by the county mental health director, or his
8 or her designee, in the superior court in the county where the person
9 who is the subject of the petition is present or reasonably believed
10 to be present.

11 (2) A request may be made only by any of the following persons
12 to the county mental health department for the filing of a petition
13 to obtain an order authorizing assisted outpatient treatment:

14 (A) Any person 18 years of age or older with whom the person
15 who is the subject of the petition resides.

16 (B) Any person who is the parent, spouse, or sibling or child
17 18 years of age or older of the person who is the subject of the
18 petition.

19 (C) The director of any public or private agency, treatment
20 facility, charitable organization, or licensed residential care facility
21 providing mental health services to the person who is the subject
22 of the petition in whose institution the subject of the petition
23 resides.

24 (D) The director of a hospital in which the person who is the
25 subject of the petition is hospitalized.

26 (E) A licensed mental health treatment provider who is either
27 supervising the treatment of, or treating for a mental illness, the
28 person who is the subject of the petition.

29 (F) A peace officer, parole officer, or probation officer assigned
30 to supervise the person who is the subject of the petition.

31 (G) The professional staff of an agency or facility, as specified
32 in Section 5349.3.

33 (3) Upon receiving a request pursuant to paragraph (2), the
34 county mental health director shall conduct an investigation into
35 the appropriateness of filing the petition. The director shall file
36 the petition only if he or she determines that there is a reasonable
37 likelihood that all the necessary elements to sustain the petition
38 can be proven in a court of law by clear and convincing evidence.

39 (4) The petition shall state all of the following:

1 (A) Each of the criteria for assisted outpatient treatment as set
2 forth in subdivision (a).

3 (B) Facts that support the petitioner's belief that the person who
4 is the subject of the petition meets each criterion, provided that
5 the hearing on the petition shall be limited to the stated facts in
6 the verified petition, and the petition contains all the grounds on
7 which the petition is based, in order to ensure adequate notice to
8 the person who is the subject of the petition and his or her counsel.

9 (C) That the person who is the subject of the petition is present,
10 or is reasonably believed to be present, within the county where
11 the petition is filed.

12 (D) That the person who is the subject of the petition has the
13 right to be represented by counsel in all stages of the proceeding
14 under the petition, in accordance with subdivision (c).

15 (5) The petition shall be accompanied by an affidavit of a
16 licensed mental health treatment provider designated by the local
17 mental health director who shall state, if applicable, either of the
18 following:

19 (A) That the licensed mental health treatment provider has
20 personally examined the person who is the subject of the petition
21 no more than 10 days prior to the submission of the petition, the
22 facts and reasons why the person who is the subject of the petition
23 meets the criteria in subdivision (a), that the licensed mental health
24 treatment provider recommends assisted outpatient treatment for
25 the person who is the subject of the petition, and that the licensed
26 mental health treatment provider is willing and able to testify at
27 the hearing on the petition.

28 (B) That no more than 10 days prior to the filing of the petition,
29 the licensed mental health treatment provider, or his or her
30 designee, has made appropriate attempts to elicit the cooperation
31 of the person who is the subject of the petition, but has not been
32 successful in persuading that person to submit to an examination,
33 that the licensed mental health treatment provider has reason to
34 believe that the person who is the subject of the petition meets the
35 criteria for assisted outpatient treatment, and that the licensed
36 mental health treatment provider is willing and able to examine
37 the person who is the subject of the petition and testify at the
38 hearing on the petition.

39 (c) The person who is the subject of the petition shall have the
40 right to be represented by counsel at all stages of a proceeding

1 commenced under this section. If the person so elects, the court
2 shall immediately appoint the public defender or other attorney to
3 assist the person in all stages of the proceedings. The person shall
4 pay the cost of the legal services if he or she is able.

5 (d) (1) Upon receipt by the court of a petition submitted
6 pursuant to subdivision (b), the court shall fix the date for a hearing
7 at a time not later than five business days from the date the petition
8 is received by the court. The petitioner shall promptly cause service
9 of a copy of the petition, together with written notice of the hearing
10 date, to be made personally on the person who is the subject of the
11 petition, and shall send a copy of the petition and notice to the
12 county office of patient rights, and to the current health care
13 provider appointed for the person who is the subject of the petition,
14 if that provider is known to the petitioner. Continuances shall be
15 permitted only for good cause shown. In granting continuances,
16 the court shall consider the need for further examination by a
17 physician or the potential need to provide expeditiously assisted
18 outpatient treatment. Upon the hearing date, or upon any other
19 date or dates to which the proceeding may be continued, the court
20 shall hear testimony. If it is deemed advisable by the court, and if
21 the person who is the subject of the petition is available and has
22 received notice pursuant to this section, the court may examine in
23 or out of court the person who is the subject of the petition who is
24 alleged to be in need of assisted outpatient treatment. If the person
25 who is the subject of the petition does not appear at the hearing,
26 and appropriate attempts to elicit the attendance of the person have
27 failed, the court may conduct the hearing in the person's absence.
28 If the hearing is conducted without the person present, the court
29 shall set forth the factual basis for conducting the hearing without
30 the person's presence.

31 (2) The court shall not order assisted outpatient treatment unless
32 an examining licensed mental health treatment provider, who has
33 personally examined, and has reviewed the available treatment
34 history of, the person who is the subject of the petition within the
35 time period commencing 10 days before the filing of the petition,
36 testifies in person at the hearing.

37 (3) If the person who is the subject of the petition has refused
38 to be examined by a licensed mental health treatment provider,
39 the court may request that the person consent to an examination
40 by a licensed mental health treatment provider appointed by the

1 court. If the person who is the subject of the petition does not
2 consent and the court finds reasonable cause to believe that the
3 allegations in the petition are true, the court may order a person
4 designated under Section 5150 to take into custody the person who
5 is the subject of the petition and transport him or her, or cause him
6 or her to be transported, to a hospital for examination by a licensed
7 mental health treatment provider as soon as is practicable.
8 Detention of the person who is the subject of the petition under
9 the order may not exceed 72 hours. If the examination is performed
10 by another licensed mental health treatment provider, the
11 examining licensed mental health treatment provider may consult
12 with the licensed mental health treatment provider whose
13 affirmation or affidavit accompanied the petition regarding the
14 issues of whether the allegations in the petition are true and whether
15 the person meets the criteria for assisted outpatient treatment.

16 (4) The person who is the subject of the petition shall have all
17 of the following rights:

18 (A) To adequate notice of the hearings to the person who is the
19 subject of the petition, as well as to parties designated by the person
20 who is the subject of the petition.

21 (B) To receive a copy of the court-ordered evaluation.

22 (C) To counsel. If the person has not retained counsel, the court
23 shall appoint a public defender.

24 (D) To be informed of his or her right to judicial review by
25 habeas corpus.

26 (E) To be present at the hearing unless he or she waives the
27 right to be present.

28 (F) To present evidence.

29 (G) To call witnesses on his or her behalf.

30 (H) To cross-examine witnesses.

31 (I) To appeal decisions, and to be informed of his or her right
32 to appeal.

33 (5) (A) If after hearing all relevant evidence, the court finds
34 that the person who is the subject of the petition does not meet the
35 criteria for assisted outpatient treatment, the court shall dismiss
36 the petition.

37 (B) If after hearing all relevant evidence, the court finds that
38 the person who is the subject of the petition meets the criteria for
39 assisted outpatient treatment, and there is no appropriate and
40 feasible less restrictive alternative, the court may order the person

1 who is the subject of the petition to receive assisted outpatient
2 treatment for an initial period not to exceed ~~12~~ *six* months. In
3 fashioning the order, the court shall specify that the proposed
4 treatment is the least restrictive treatment appropriate and feasible
5 for the person who is the subject of the petition. The order shall
6 state the categories of assisted outpatient treatment, as set forth in
7 Section 5348, that the person who is the subject of the petition is
8 to receive, and the court may not order treatment that has not been
9 recommended by the examining licensed mental health treatment
10 provider and included in the written treatment plan for assisted
11 outpatient treatment as required by subdivision (e). If the person
12 has executed an advance health care directive pursuant to Chapter
13 2 (commencing with Section 4650) of Part 1 of Division 4.7 of
14 the Probate Code, any directions included in the advance health
15 care directive shall be considered in formulating the written
16 treatment plan.

17 (6) If the person who is the subject of a petition for an order for
18 assisted outpatient treatment pursuant to subparagraph (B) of
19 paragraph (5) refuses to participate in the assisted outpatient
20 treatment program, the court may order the person to meet with
21 the assisted outpatient treatment team designated by the director
22 of the assisted outpatient treatment program. The treatment team
23 shall attempt to gain the person's cooperation with treatment
24 ordered by the court. The person may be subject to a 72-hour hold
25 pursuant to subdivision (f) only after the treatment team has
26 attempted to gain the person's cooperation with treatment ordered
27 by the court, and has been unable to do so.

28 (e) Assisted outpatient treatment shall not be ordered unless the
29 licensed mental health treatment provider recommending assisted
30 outpatient treatment to the court has submitted to the court a written
31 treatment plan that includes services as set forth in Section 5348,
32 and the court finds, in consultation with the county mental health
33 director, or his or her designee, all of the following:

34 (1) That the services are available from the county, or a provider
35 approved by the county, for the duration of the court order.

36 (2) That the services have been offered to the person by the
37 local director of mental health, or his or her designee, and the
38 person has been given an opportunity to participate on a voluntary
39 basis, and the person has failed to engage in, or has refused,
40 treatment.

1 (3) That all of the elements of the petition required by this article
2 have been met.

3 (4) That the treatment plan will be delivered to the county
4 director of mental health, or to his or her appropriate designee.

5 (f) If, in the clinical judgment of a licensed mental health
6 treatment provider, the person who is the subject of the petition
7 has failed or has refused to comply with the treatment ordered by
8 the court, and, in the clinical judgment of the licensed mental health
9 treatment provider, efforts were made to solicit compliance, and,
10 in the clinical judgment of the licensed mental health treatment
11 provider, the person may be in need of involuntary admission to
12 a hospital for evaluation, the provider may request that persons
13 designated under Section 5150 take into custody the person who
14 is the subject of the petition and transport him or her, or cause him
15 or her to be transported, to a hospital, to be held up to 72 hours for
16 examination by a licensed mental health treatment provider to
17 determine if the person is in need of treatment pursuant to Section
18 5150. Continued involuntary retention in a hospital beyond the
19 initial 72-hour period shall be pursuant to Section 5250. If at any
20 time during the 72-hour period the person is determined not to
21 meet the criteria of Section 5150, and does not agree to stay in the
22 hospital as a voluntary patient, he or she shall be released and any
23 subsequent involuntary detention in a hospital shall be pursuant
24 to Section 5150. Failure to comply with an order of assisted
25 outpatient treatment alone may not be grounds for involuntary
26 civil commitment or a finding that the person who is the subject
27 of the petition is in contempt of court.

28 (g) If the director of the assisted outpatient treatment program
29 determines that the condition of the patient requires further assisted
30 outpatient treatment, the director shall apply to the court, prior to
31 the expiration of the period of the initial assisted outpatient
32 treatment order, for an order authorizing continued assisted
33 outpatient treatment for a period not to exceed 180 days from the
34 date of the order. The procedures for obtaining an order pursuant
35 to this subdivision shall be in accordance with subdivisions (a) to
36 (f), inclusive. The period for further involuntary outpatient
37 treatment authorized by a subsequent order under this subdivision
38 may not exceed 180 days from the date of the order.

39 (h) At intervals of not less than 60 days during an assisted
40 outpatient treatment order, the director of the outpatient treatment

1 program shall file an affidavit with the court that ordered the
2 outpatient treatment affirming that the person who is the subject
3 of the order continues to meet the criteria for assisted outpatient
4 treatment. At these times, the person who is the subject of the order
5 shall have the right to a hearing on whether or not he or she still
6 meets the criteria for assisted outpatient treatment if he or she
7 disagrees with the director's affidavit. The burden of proof shall
8 be on the director.

9 (i) During each 60-day period specified in subdivision (h), if
10 the person who is the subject of the order believes that he or she
11 is being wrongfully retained in the assisted outpatient treatment
12 program against his or her wishes, he or she may file a petition for
13 a writ of habeas corpus, thus requiring the director of the assisted
14 outpatient treatment program to prove that the person who is the
15 subject of the order continues to meet the criteria for assisted
16 outpatient treatment.

17 (j) Any person ordered to undergo assisted outpatient treatment
18 pursuant to this article, who was not present at the hearing at which
19 the order was issued, may immediately petition the court for a writ
20 of habeas corpus. Treatment under the order for assisted outpatient
21 treatment may not commence until the resolution of that petition.

22 SEC. 2. Section 5347 of the Welfare and Institutions Code is
23 amended to read:

24 5347. (a) In any county in which services are available
25 pursuant to Section 5348, a person who is determined by the court
26 to be subject to subdivision (a) of Section 5346 may voluntarily
27 enter into an agreement for services under this section.

28 (b) (1) After a petition for an order for assisted outpatient
29 treatment is filed, but before the conclusion of the hearing on the
30 petition, the person who is the subject of the petition, or the
31 person's legal counsel with the person's consent, may waive the
32 right to an assisted outpatient treatment hearing for the purpose of
33 obtaining treatment under a settlement agreement, if an examining
34 licensed mental health treatment provider states that the person
35 can survive safely in the community. The settlement agreement
36 may not exceed 180 days in duration and shall be agreed to by all
37 parties.

38 (2) The settlement agreement shall be in writing, shall be
39 approved by the court, and shall include a treatment plan developed
40 by the community-based program that will provide services that

1 provide treatment in the least restrictive manner consistent with
2 the needs of the person who is the subject of the petition.

3 (3) Either party may request that the court modify the treatment
4 plan at any time during the 180-day period.

5 (4) The court shall designate the appropriate county department
6 to monitor the person's treatment under, and compliance with, the
7 settlement agreement. If the person fails to comply with the
8 treatment according to the agreement, the designated county
9 department shall notify the counsel designated by the county and
10 the person's counsel of the person's noncompliance.

11 (5) A settlement agreement approved by the court pursuant to
12 this section shall have the same force and effect as an order for
13 assisted outpatient treatment pursuant to Section 5346.

14 (6) At a hearing on the issue of noncompliance with the
15 agreement, the written statement of noncompliance submitted shall
16 be prima facie evidence that a violation of the conditions of the
17 agreement has occurred. If the person who is the subject of the
18 petition denies any of the facts as stated in the statement, he or she
19 has the burden of proving by a preponderance of the evidence that
20 the alleged facts are false.

21 SEC. 3. Section 5348 of the Welfare and Institutions Code is
22 amended to read:

23 5348. (a) For purposes of subdivision (e) of Section 5346, a
24 county that chooses to provide assisted outpatient treatment
25 services pursuant to this article shall offer assisted outpatient
26 treatment services, including, but not limited to, all of the
27 following:

28 (1) Community-based, mobile, multidisciplinary, highly trained
29 mental health teams that use high staff-to-client ratios of no more
30 than 10 clients per team member for those subject to court-ordered
31 services pursuant to Section 5346.

32 (2) A service planning and delivery process that includes the
33 following:

34 (A) Determination of the numbers of persons to be served and
35 the programs and services that will be provided to meet their needs.
36 The local director of mental health shall consult with the sheriff,
37 the police chief, the probation officer, the mental health board,
38 contract agencies, and family, client, ethnic, and citizen
39 constituency groups as determined by the director.

1 (B) Plans for services, including outreach to families whose
2 severely mentally ill adult is living with them, design of mental
3 health services, coordination and access to medications, psychiatric
4 and psychological services, substance abuse services, supportive
5 housing or other housing assistance, vocational rehabilitation, and
6 veterans' services. Plans shall also contain evaluation strategies,
7 which shall consider cultural, linguistic, gender, age, and special
8 needs of minorities and those based on any characteristic listed or
9 defined in Section 11135 of the Government Code in the target
10 populations. Provision shall be made for staff with the cultural
11 background and linguistic skills necessary to remove barriers to
12 mental health services as a result of having
13 limited-English-speaking ability and cultural differences.
14 Recipients of outreach services may include families, the public,
15 primary care physicians, and others who are likely to come into
16 contact with individuals who may be suffering from an untreated
17 severe mental illness who would be likely to become homeless if
18 the illness continued to be untreated for a substantial period of
19 time. Outreach to adults may include adults voluntarily or
20 involuntarily hospitalized as a result of a severe mental illness.

21 (C) Provision for services to meet the needs of persons who are
22 physically disabled.

23 (D) Provision for services to meet the special needs of older
24 adults.

25 (E) Provision for family support and consultation services,
26 parenting support and consultation services, and peer support or
27 self-help group support, if appropriate.

28 (F) Provision for services to be client-directed and that employ
29 psychosocial rehabilitation and recovery principles.

30 (G) Provision for psychiatric and psychological services that
31 are integrated with other services and for psychiatric and
32 psychological collaboration in overall service planning.

33 (H) Provision for services specifically directed to seriously
34 mentally ill young adults 25 years of age or younger who are
35 homeless or at significant risk of becoming homeless. These
36 provisions may include continuation of services that still would
37 be received through other funds had eligibility not been terminated
38 as a result of age.

39 (I) Services reflecting special needs of women from diverse
40 cultural backgrounds, including supportive housing that accepts

1 children, personal services coordinator therapeutic treatment, and
2 substance abuse treatment programs that address gender-specific
3 trauma and abuse in the lives of persons with mental illness, and
4 vocational rehabilitation programs that offer job training programs
5 free of gender bias and sensitive to the needs of women.

6 (J) Provision for housing for clients that is immediate,
7 transitional, permanent, or all of these.

8 (K) Provision for clients who have been suffering from an
9 untreated severe mental illness for less than one year, and who do
10 not require the full range of services, but are at risk of becoming
11 homeless unless a comprehensive individual and family support
12 services plan is implemented. These clients shall be served in a
13 manner that is designed to meet their needs.

14 (3) Each client shall have a clearly designated mental health
15 personal services coordinator who may be part of a
16 multidisciplinary treatment team who is responsible for providing
17 or assuring needed services. Responsibilities include complete
18 assessment of the client's needs, development of the client's
19 personal services plan, linkage with all appropriate community
20 services, monitoring of the quality and followthrough of services,
21 and necessary advocacy to ensure each client receives those
22 services that are agreed to in the personal services plan. Each client
23 shall participate in the development of his or her personal services
24 plan, and responsible staff shall consult with the designated
25 conservator, if one has been appointed, and, with the consent of
26 the client, shall consult with the family and other significant
27 persons as appropriate.

28 (4) The individual personal services plan shall ensure that
29 persons subject to assisted outpatient treatment programs receive
30 age-appropriate, gender-appropriate, and culturally appropriate
31 services, to the extent feasible, that are designed to enable
32 recipients to:

33 (A) Live in the most independent, least restrictive housing
34 feasible in the local community, and, for clients with children, to
35 live in a supportive housing environment that strives for
36 reunification with their children or assists clients in maintaining
37 custody of their children as is appropriate.

38 (B) Engage in the highest level of work or productive activity
39 appropriate to their abilities and experience.

1 (C) Create and maintain a support system consisting of friends,
2 family, and participation in community activities.

3 (D) Access an appropriate level of academic education or
4 vocational training.

5 (E) Obtain an adequate income.

6 (F) Self-manage their illnesses and exert as much control as
7 possible over both the day-to-day and long-term decisions that
8 affect their lives.

9 (G) Access necessary physical health care and maintain the best
10 possible physical health.

11 (H) Reduce or eliminate serious antisocial or criminal behavior,
12 and thereby reduce or eliminate their contact with the criminal
13 justice system.

14 (I) Reduce or eliminate the distress caused by the symptoms of
15 mental illness.

16 (J) Have freedom from dangerous addictive substances.

17 (5) The individual personal services plan shall describe the
18 service array that meets the requirements of paragraph (4), and to
19 the extent applicable to the individual, the requirements of
20 paragraph (2).

21 (b) A county that provides assisted outpatient treatment services
22 pursuant to this article also shall offer the same services on a
23 voluntary basis.

24 (c) Involuntary medication shall not be allowed absent a separate
25 order by the court pursuant to Sections 5332 to 5336, inclusive.

26 (d) A county that operates an assisted outpatient treatment
27 program pursuant to this article shall provide data to the State
28 Department of Health Care Services and, based on the data, the
29 department shall report to the Legislature on or before May 1 of
30 each year regarding the services the county provides pursuant to
31 this article. The report shall include, at a minimum, an evaluation
32 of the effectiveness of the strategies employed by each program
33 operated pursuant to this article in reducing homelessness and
34 hospitalization of persons in the program and in reducing
35 involvement with local law enforcement by persons in the program.
36 The evaluation and report shall also include any other measures
37 identified by the department regarding persons in the program and
38 all of the following, based on information that is available:

1 (1) The number of persons served by the program and, of those,
2 the number who are able to maintain housing and the number who
3 maintain contact with the treatment system.

4 (2) The number of persons in the program with contacts with
5 local law enforcement, and the extent to which local and state
6 incarceration of persons in the program has been reduced or
7 avoided.

8 (3) The number of persons in the program participating in
9 employment services programs, including competitive employment.

10 (4) The days of hospitalization of persons in the program that
11 have been reduced or avoided.

12 (5) Adherence to prescribed treatment by persons in the program.

13 (6) Other indicators of successful engagement, if any, by persons
14 in the program.

15 (7) Victimization of persons in the program.

16 (8) Violent behavior of persons in the program.

17 (9) Substance abuse by persons in the program.

18 (10) Type, intensity, and frequency of treatment of persons in
19 the program.

20 (11) Extent to which enforcement mechanisms are used by the
21 program, when applicable.

22 (12) Social functioning of persons in the program.

23 (13) Skills in independent living of persons in the program.

24 (14) Satisfaction with program services both by those receiving
25 them and by their families, when relevant.

26 SEC. 4. Section 5349 of the Welfare and Institutions Code is
27 amended to read:

28 5349. This article shall be operative in those counties in which
29 the county board of supervisors, by resolution or through the county
30 budget process, authorizes its application. To the extent otherwise
31 permitted under state and federal law, counties that elect to
32 implement this article may pay for the provision of services under
33 Sections 5347 and 5348 using funds distributed to the counties
34 from the Mental Health Subaccount, the Mental Health Equity
35 Subaccount, and the Vehicle License Collection Account of the
36 Local Revenue Fund, funds from the Mental Health Account and
37 the Behavioral Health Subaccount within the Support Services
38 Account of the Local Revenue Fund 2011, funds from the Mental
39 Health Services Fund when included in county plans pursuant to
40 Section 5847, and any other funds from which the Controller makes

1 distributions to the counties for those purposes. Compliance with
2 this section shall be monitored by the State Department of Health
3 Care Services as part of its review and approval of county
4 performance contracts.

5 SEC. 5. Section 5349.1 of the Welfare and Institutions Code
6 is amended to read:

7 5349.1. (a) Counties that elect to implement this article shall,
8 in consultation with the State Department of Health Care Services,
9 client and family advocacy organizations, and other stakeholders,
10 develop a training and education program for purposes of
11 improving the delivery of services to mentally ill individuals who
12 are, or who are at risk of being, involuntarily committed under this
13 part. This training shall be provided to mental health treatment
14 providers contracting with participating counties and to other
15 individuals, including, but not limited to, mental health
16 professionals, law enforcement officials, and certification hearing
17 officers involved in making treatment and involuntary commitment
18 decisions.

19 (b) The training shall include both of the following:

20 (1) Information relative to legal requirements for detaining a
21 person for involuntary inpatient and outpatient treatment, including
22 criteria to be considered with respect to determining if a person is
23 considered to be gravely disabled.

24 (2) Methods for ensuring that decisions regarding involuntary
25 treatment as provided for in this part direct patients toward the
26 most effective treatment. Training shall include an emphasis on
27 each patient's right to provide informed consent to assistance.

28 SEC. 6. Section 5349.3 is added to the Welfare and Institutions
29 Code, to read:

30 5349.3. (a) Upon the release of a person from involuntary
31 treatment pursuant to Section 5257, 5264, 5270.35, or 5304, the
32 professional staff of the agency or facility that provided that
33 treatment may evaluate whether that person meets the criteria
34 established in subdivision (a) of Section 5346 for assisted
35 outpatient treatment.

36 (b) If that person meets the criteria in subdivision (a) of Section
37 5346, the professional staff of the agency or facility may request
38 the county mental health director, or his or her designee, to file a
39 petition in the superior court pursuant to subdivision (b) of Section
40 5346 for assisted outpatient treatment.

1 SEC. 7. Section 5349.5 of the Welfare and Institutions Code
2 is amended to read:
3 5349.5. The State Department of Health Care Services shall
4 submit a report and evaluation of all counties implementing any
5 component of this article to the Governor and to the Legislature
6 by July 1, 2015. The evaluation shall include data described in
7 subdivision (d) of Section 5348.

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